

## Lake Washington School District Lice Protocol

If health room staff or Registered Nurse find live lice on a student, the student may remain at school for the remainder of the school day. The student will no longer be sent home immediately upon identification of live lice. This is based on the current recommendations of Centers of Disease Control (CDC), American Academy of Pediatrics (AAP) and King County Public Health.

Staff will notify parent/guardian(s) by phone and send the Lice Notification Letter home with the student.

The student's classroom will also receive this letter if there are 4 or more active cases in an elementary classroom.

Lake Washington School District's lice protocol states that students that are identified with live lice or nits (white lice eggs) either at school or from the student's parent and/or guardian(s) will *have to be treated* and have no live lice present for the student to return to school. Students must be checked into the front office prior to returning to class and be cleared by district trained staff and/or nurse. All inspections, findings, and communications must be documented in Skyward.

If the student returns to school and nits are still present, but there are not any live lice, the student may remain in school. The student will be rechecked by school staff in 7-10 days after initial treatment. The parent and/or guardians(s) will need to continue to check daily to remove any remaining nits that may still be present. All inspections, findings, and communications must be documented in Skyward.

However, if live lice are found on return to school after treatment, the student will not be allowed to attend school that day. The nurse will provide guidance with the family in regard to live lice.

Please see LWSD procedure for support of this protocol.

## Lake Washington School District Procedure for Lice Management

Parent/Guardian(s) will notify the school of any cases of head lice at home. If the student has siblings, the parent will diligently check siblings for lice and nits and treat appropriately.

If a teacher suspects head lice, they may send the student to the health room to be checked. The teacher should be discreet to protect the student's privacy. If a student suspects or feels they might have lice, they may be checked at any time with teacher's guidance, so as not to disrupt the learning day.

The school Health Room Office Professional (HROP), office manager, and/or district trained staff will notify a district nurse when a suspected case of lice is reported. The district nurse or HROP will perform the initial exam based on availability.

At *initial* finding that the student has live lice or nits at school:

- a. Parent/Guardian(s) will be notified by phone. The parent/guardian(s) may choose whether to have their student stay at school or picked up before the end of the school day.
  - i. Students with lice should not be identified to other students or staff, except district staff that will provide re-checks for re-entry into school.
- b. Students will be allowed to continue to attend the rest of the school day.
- c. Discretely send home the Lice Notification Letter and NASN Lice Facts. You may also email these to skyward family email if they have been notified by phone.
- d. Lice Notification Letter and NASN Lice Facts will only be sent home to the student's *entire class* if there are **4 or more** active cases in an elementary classroom.
  - i. Education is the key to prevention. It is recommended that the parent/guardian(s) contact their student's healthcare provider for guidance on what product to use to treat lice if they are unsure.

The following should be communicated with parent/guardian(s) with the notification:

- a. The student should be treated. The parent/guardian(s) will need to treat their student until **no live lice are visible** before they can return to school and attend class.
- b. **A parent/guardian must accompany their student when they return to school after being treated.** They must check their student into the office (next school day) following their treatment of choice before attending class.
- c. The student will be checked by a district nurse and/or HROP for the presence of live lice before attending class.
  - i. If there are no live lice the student may stay in school even if nits are still present. Encourage combing for the next 3-4 weeks for nits. Educate family to follow the guidelines on their treatment of choice.
  - ii. In 7-10 days, the nurse or HROP will check for any evidence of re-infestation and to make sure no live lice are present.
    - i. The parent and/or guardians(s) will need to continue to check daily to remove any remaining nits that may still be present.
- d. It is recommended that all household members be checked.

The nurse or HROP will keep a record of incidences in Skyward Office Visits. Documentation in Skyward must include inspections, findings, and communications. No paper log is necessary

Classroom prevention measures include:

1. Having students place coats on the backs of their chairs or in their backpacks.
2. Wiping down cubbies nightly
3. Discouraging sharing of hats and coats.
4. Discouraging students from playing with each other's hair.
5. Not piling coats up outside of classes.

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Lake Washington School District  
**Lice Notification Letter**

DATE:

Dear Parent or Guardian,

- Head Lice were found on your student
- Head Lice has been reported in your student's classroom

Please help us to take precautions by checking your student's hair and report any case to the office. All students with head lice have been notified to seek treatment. **According to district policy, no student will be readmitted to school unless first checked by a nurse or district representative in the health room and no live lice are present. Parent/Guardian must accompany students when they return to school after treatment.**

Live lice are tiny insects about the size of a sesame seed and appear gray to brownish in color. Nits are tiny teardrop shaped lice eggs that are often yellow or white. They attached tightly to the hair and cannot be easily removed without sliding the nit down the hair shaft. In contrast, dandruff or dry scalp flakes can be easily brushed away. The nits are usually found at the nape of the neck, behind the ears, on the crown of the head and close to the scalp.

**Steps to follow to treat head lice**

1. All family members should be examined and treated if live lice or nits (lice eggs) are found.
2. There are several products to treat lice. Check with your student's health care provider for guidance on what product to use. Follow the directions carefully. There are also professional lice removal services that can assist with checking and removal of lice and nits.
3. We recommend checking your student's hair by wetting with a detangler or conditioner and combing it with a lice comb from the hairline to the bottom of the hair. After each swipe through the hair, wipe the lice comb onto the paper towel. It is important that you purchase a lice comb that has teeth that are close together.
4. Hair brushes, combs, head bands, and items that cannot be laundered or soaked in very hot water for 5 to 10 minutes should be bagged and put aside for 2 weeks.
5. Wash the bed linens of the infested person. They should be washed in very hot water and dried on the high setting. You will need to wash linens daily if there is evidence of head lice on the infested person. Coat, backpack, chairs, couches, and/or car seats should be wiped down or vacuumed if they will be used again in less than 12 hours after the infested person used them.
6. Follow the manufacturer's directions for when to re-treat your student. Continue to check family members for the next several weeks for evidence of head lice.
7. Talk to your student about avoiding head-to-head contact with other students as well as not sharing hair brushes, hair accessories or hats.

Careful focus and attention should be placed on removing all lice and nits from the head. **The only guaranteed way to get rid of head lice is to make sure there is nothing left on the head to either lay eggs or hatch.**

A louse can live off the head for 24-48 hours; however, once it is off a human host for longer than 12 hours, the louse will begin to die. Nits that are off the head will not hatch.

If you have questions, you can contact the nurse at your student's school. Your help in this matter is greatly appreciated.

Sincerely,

District Nurse

# Head Lice 101

## What You Should Know About Head Lice

### Lice Lessons



### Overview

Head lice are a common community problem. An estimated 6 to 12 million infestations occur each year in the United States, most commonly among children ages 3 to 11 years old.<sup>1</sup> Though a head lice infestation is often spotted in school, it is usually acquired through direct head-to-head contact elsewhere, such as at sleepovers or camp.<sup>2</sup>

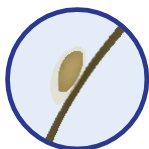
Head lice are not dangerous, and they do not transmit disease.<sup>1</sup> Additionally, despite what you might have heard, head lice often infest people with good hygiene and grooming habits.<sup>3,4</sup> Your family, friends, or community may experience head lice. It's important to know some basics, including how to recognize symptoms and what to do if faced with an infestation.

### Fast Facts

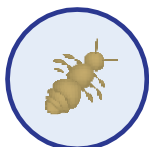
- An estimated 6 to 12 million infestations occur each year among US children 3 to 11 years of age<sup>1</sup>
- Head lice do not discriminate, often infesting people with good hygiene.<sup>3,4</sup> They spread mainly through head-to-head contact<sup>1</sup>
- If you or your child exhibits signs of an infestation, it is important to talk to your doctor to learn about treatment options

### What are head lice?

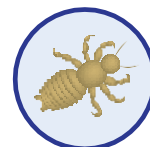
Head lice are tiny, wingless insects that live close to the human scalp. They feed on human blood.<sup>1</sup> When checking for head lice, you may see several forms: the nit, the nymph, and the adult louse.



**Nits** are tiny, teardrop-shaped lice eggs that are often yellowish or white. Nits are also what you call the shells that are left behind once the eggs hatch. Nits are attached to the hair shaft and often found around the nape of the neck or the ears. Nits can look similar to dandruff, but cannot be easily removed or brushed off.<sup>1</sup>



**Nymphs**, or baby lice, are small and grow to adult size in 1 to 2 weeks.<sup>1</sup>



**Adult lice** are the size of a sesame seed and appear tan to grayish-white.<sup>1</sup>

### How are head lice spread?

- Head lice move by crawling and cannot jump or fly<sup>1</sup>
- Head lice are mostly spread by direct head-to-head contact—for example, during play at home or school, sleepovers, sports activities, or camp<sup>1</sup>
- It is possible, but not common, to spread head lice by contact with items that have been in contact with a person with head lice, such as clothing (for example, hats, scarves, or coats) or other personal items (such as combs, brushes, or towels)<sup>1</sup>
- Head lice transmission can occur at home, in the community, or—very infrequently—in school<sup>1,2</sup>

### What are the signs and symptoms of infestation?

Signs and symptoms of infestation include<sup>1</sup>:

- **Tickling** feeling on the scalp or in the hair
- **Itching** (caused by the bites of the louse)
- **Irritability and difficulty sleeping** (lice are more active in the dark)
- **Sores on the head** (caused by scratching, which can sometimes become infected)

Finding a live nymph or adult louse on the scalp or in the hair is an indication of an active infestation. They are most commonly found behind the ears and near the neckline at the back of the head.<sup>1</sup>

# Head Lice 101

## What You Should Know About Head Lice

### Lice Lessons



### What if my child gets head lice?

If you suspect your child might have head lice, it's important to talk to a school nurse, pediatrician, or family physician to get appropriate care. There are a number of available treatments, including new prescription treatment options that are safe and do not require nit combing. Other things to consider in selecting and starting treatment include:

- Follow treatment instructions. Using extra amounts or multiple applications of the same medication is not recommended, unless directed by a healthcare professional<sup>5</sup>
- A 2016 study showed that 48 states now have lice that are genetically predisposed to resistance to commonly used treatments<sup>6</sup>
- There is no scientific evidence that home remedies are effective treatments<sup>7</sup>
- Head lice do not infest the house. However, family bed linens and recently used clothes, hats, and towels should be washed in very hot water and dried on the high setting<sup>5</sup>
- Personal articles, such as combs, brushes, and hair clips, should be soaked in very hot water for 5 to 10 minutes if they were exposed to someone with an active head lice infestation<sup>5</sup>
- All household members and other close contacts should be checked, and those with evidence of an active infestation should also be treated at the same time<sup>5</sup>

### Myths and facts about head lice

**Myth: Only dirty people get head lice.**

**Fact:** Personal hygiene and household or school cleanliness are not factors for infestation. In fact, head lice often infest people with good hygiene and grooming habits.<sup>3,4</sup>

**Myth: Head lice carry diseases.**

**Fact:** Head lice do not spread diseases.<sup>1</sup>

**Myth: Head lice can be spread by sharing hair brushes, hats, clothes, and other personal items.**

**Fact:** It is uncommon to spread head lice by contact with clothing or other personal items, such as combs, brushes, or hair accessories, that have been in contact with a person with head lice.<sup>1</sup>

**Myth: Head lice can jump or fly, and can live anywhere.**

**Fact:** Head lice cannot jump or fly, and only move by crawling. It is unlikely to find head lice living on objects like helmets or hats because they have feet that are specifically designed to grasp on to the hair shaft of humans. Additionally, a louse can only live for about a day off the head.<sup>1</sup>

**Myth: You can use home remedies like mayonnaise to get rid of head lice.**

**Fact:** There is no scientific evidence that home remedies are effective treatments.<sup>7</sup> Consult your healthcare provider to discuss appropriate treatment options, including prescription products.

### References

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## Head Lice Management in Schools

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### *Position Statement*

#### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that the management of head lice (*Pediculus humanus capitis*) infestations in school settings should not disrupt the educational process, including but not limited to the elimination of classroom screening, forced absences from school for nits and/or live lice and broad notification that a case of head lice has been found. As the leader who bridges health care and education, the registered professional school nurse (hereinafter referred to as school nurse) advocates for evidence-based head lice management strategies that eliminate exclusionary practices and promote positive student outcomes, including reduced absenteeism.

#### **BACKGROUND AND RATIONALE**

Head lice infestation is a common concern worldwide, with both social and medical implications. In the United States it is estimated that 6-12 million head lice infestations occur in children 3-11 years of age each year. The infestations are most likely to occur in preschool and elementary age students and their household members, regardless of socioeconomic status or geographic region (Centers for Disease Control and Prevention [CDC], 2019, Who Is at Risk section, para. 1).

The cost of treatment in the United States has been estimated to be \$500 million dollars per year (Cummings et al., 2018). A head lice infestation is not a communicable disease and no health risks have been associated with head lice (Pontius, 2014; CDC, 2015, para. 2; CDC, 2019, Do Head Lice Spread Disease section). Current research indicates that families are over- or incorrectly treating pediculosis, which may be a contributing factor in lice resistance (Cummings et al., 2018; Koch et al., 2016). Head lice infestation, including “no live lice” and “no nit” policies, causes unnecessary school absences for students and loss of parent workdays and family wages. Exclusion from school can adversely affect students emotionally, socially and academically (Devore et al., 2015; Pontius, 2014).

Both the American Academy of Pediatrics (AAP) and the CDC advocate for the following practices to be **discontinued**:

- whole classroom screening,
- exclusion for nits or live lice,
- notification to others except for parents/guardians of students with head lice infestations (Devore et al., 2015; CDC, 2015b, para. 3).

Classroom screenings are often inaccurate, not cost-effective, and notification to others may be a breach of confidentiality (Pontius, 2014). Schools **should not** exclude students for active infestation or when nits remain after appropriate lice treatment. School nurses should advocate for evidence-based prevention measures that include assisting parents with identification of lice/nits and teaching students, parents, staff and community effective prevention measures.

Both AAP and CDC assert that treatment should only be initiated when at least one live louse has been identified (Devore et al., 2015; CDC, 2015, para. 3). Since it is likely that a child's infestation has been present for 30 days or more prior to the identification of live lice, the affected child in school poses little risk of transmission to others and should remain in class (Devore et al., 2015). Health care providers and their staff should collaborate with school nurses and families to provide safe, affordable, evidence-based treatment recommendations that ensure effective management of head lice infestations and promotion of regular school attendance (Devore et al., 2015).

*Children with nits and live lice continue to be excluded from school by “no nit” and “no live lice” policies due to myths and misinformation. Parent and school staff education and re-education on the topic is the best mechanism to dispel the myths around the transmission of lice (Pontius, 2014). According to the CDC (2015), “The burden of unnecessary absenteeism to the students, families and communities far outweighs the risks associated with head lice” (para. 6). Improved attendance for children who were formerly excluded along with the decrease in stigmatism of these children and families can positively impact student learning and the school environment.*

NASN recommends school nurses take an active role in the education of parents, students, providers, and school communities to promote proper evidence-based practices in the treatment and management of head lice. These actions include clarifying misinformation about how head lice are transmitted and advocating for a more supportive, less exclusionary approach to head lice management that does not disrupt the educational environment and promotes student attendance and academic success.

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*“To optimize student health, safety and learning, it is the position of the National Association of School Nurses that a professional registered school nurse is present in every school all day, every day.”*

*All position statements from the National Association of School Nurses will automatically expire five years after publication unless they have been renewed, revised, or retired at or before that time.*

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